

//KHARA HAIS MUNICIPALITY



HIV AND AIDS STRATEGY

STRUCTURES AND PARTNERSHIPS, LEADERSHIP AND COMMITMENT

1. Structures

1.1 Complying with the Minimum Standards on HIV and AIDS

According to the Minimum Standards on HIV AIDS, the Municipal Manager must designate a member of the Senior Management with adequate skills, seniority and support to implement a workplace HIV AIDS policy and programme.

The Minimum Standards further requires:

- Strong and visible political.
- The establishment of an HIV and AIDS Committee with adequate representation and support from all relevant stakeholders;
- The integration HIV and AIDS policies and programmes with broader wellness programmes within the municipality;
- The forging of partnerships with other municipalities, organizations and individuals who are able to assist with this programme.

1.2 Key Challenges

Key Challenges which need to be addressed in developing HIV AIDS structures and partnerships includes:

- Appointing an experienced and skilled member dedicated to lead the municipality's HIV AIDS workplace response;
- Locating the HIV AIDS Coordinator and Committee within the unit where they will be most effective;
- Obtaining clear commitment and support from management for participation by nominated officials on the HIV and AIDS Committee;
- Ensuring that representatives of labour are involved in the HIV AIDS Committee;
- Establishing lines of communication between the HIV and AIDS Committee and the respective departments, with broader wellness management programmes.

1.3 Appointing an HIV and AIDS Coordinator and establishing an HIV and AIDS Committee

In selecting a member of Senior Management to act as the HIV and AIDS Coordinator of the municipality's workplace response programme, and in selecting personnel to serve on the HIV AIDS Committee, it is important to ensure that:

- The HIV and AIDS Coordinator has the necessary skills and a well defined mandate to carry out the responsibilities attached to this position;
- The composition of the HIV and AIDS Committee takes account of the different levels of employees, different interests, as well as the diversity within the departments and the key stakeholders within the municipality.

The HIV and AIDS Coordinator has to have the following competencies:

- Experience and/or interest in HIV AIDS issues
- Skills and/or experience in advocacy, networking and coordinating
- Occupational Health and Safety experience
- Project management and organizational experience
- Financial management experience
- Strategic planning skills
- Strong communication skills
- Report writing, monitoring and evaluation skills.

The composition of the HIV and AIDS Committee

- The committee should include personnel who will be involved with the development, implementation, or monitoring and evaluation HIV AIDS workplace policies and programmes (eg. OHS, HR, EAP)
- Include key people who represent the various interests of the municipality;
- Include women to articulate their perspectives, interests and concerns into the planning and the programme;
- Include employees who are living with HIV AIDS, as they can inform the Committee of the capacities and concerns employees with HIV AIDS;
- Include union representatives to ensure participation and to maximize the potential for good communication with the workforce;
- Include people who are respected and who are able to build support for the HIV and AIDS workplace programme

1.4 Implementing and maintaining appropriate HIV and AIDS structures

Placement of the HIV and AIDS Committee:

A key challenge to ensure the effective HIV and AIDS workplace response is to locate the HIV AIDS Committee within a unit so as to ensure it is best able to fulfill its function. It is recommended that this Committee should fall within the ambit of the Committee for Human Resources and Social Services, and the unit be strategically driven from the office of the Mayor.

1.5 Roles and responsibilities

The roles and responsibilities of the HIV AIDS Committee and its members should be clearly defined, taking into account the needs of key stakeholders in the working environment. Roles and responsibilities should include:

- The terms of reference for the HIV AIDS Committee as a whole; and
- The roles and responsibilities of the various members of the HIV AIDS Committee.

2. Partnerships

Partnerships are vital to the success of the HIV AIDS Committee. Partnerships assist in the sharing of information, experience, skill and resources, and, in this way, assist an HIV AIDS Coordinator and Committee to fulfill their functions.

2.1 Compliance with the Minimum Standards on HIV and AIDS

The **Minimum Standards on HIV and AIDS** recommend that partnerships be formed with:

- Other municipalities- who may have experience in developing and implementing a workplace HIV AIDS response and resources to share with a municipality;
- Organizations- for example, non governmental and AIDS service organizations that may have considerable skills, experience and resources to share; and
- Individuals- perhaps those with specialized skills and expertise in HIV and AIDS workplace issues.

2.2 Developing partnerships

Possible partnerships should include:

- Collaboration between departments;
- Links to private companies;
- Working with NGO's, and other community structures. Partnership with outside organizations may be an important step in broadening and extending the municipality's HIV and AIDS response, from an internally focused HIV and AIDS workplace response, to a broader external response that takes into account the needs of the communities, utilizing the services of the municipality.

3. Leadership and commitment

Active and visible political leadership and management commitment to HIV and AIDS are essential components to an effective HIV AIDS programme. Leadership requires acting as an example or role model, so as to inspire others. This requires politicians and managers within the municipality to:

- Make a commitment to HIV and AIDS workplace issues;
- Make a personal commitment to act as an 'AIDS ambassador';
- Develop commitment to HIV and AIDS issues in others;
- Act on this commitment through ensuring that strategies are developed;
- Implement, monitor and evaluate strategies.

3.1 Compliance with the Minimum Standards on HIV and AIDS

The Minimum Standards clearly set out the leadership role of Local Government by stating that the Council's commitment to managing the impact and preventing the spread of HIV and AIDS. Within the municipality, Councilors, Heads of Departments, Trade Unions and all employees have leadership roles to play in combating HIV and AIDS.

3.2 Key challenges

There are a number of challenges that have been identified relating to a lack of leadership on HIV and AIDS. These include that:

- Political commitment and leadership regarding HIV and AIDS is high. However this commitment has not been translated into active involvement or support of workplace interventions;
- There is uneven managerial commitment to addressing HIV and AIDS;
- Many managers are complacent;
- Programmes have more support from high level rather than middle level management;
- Commitment tends to be 'event based' i.e. managers will attend events but not support on-going interventions;
- HIV and AIDS is not regarded as a priority issue by management;
- Managers do not have the skills and time to provide guidance on HIV and AIDS issues, nor do they have an adequate understanding of what being a personal role model to staff means;
- Employees need information and skills on how to hold relevant decision makers accountable should they not appropriately lead the municipality's response to the HIV and AIDS epidemic;
- The lack of support by managers for workplace programmes results in a lack of interest in these programmes by other staff; and
- Only limited integration or mainstreaming of HIV and AIDS issues into 'core' human resource and line management functions has taken place, and this affects the extent of leadership commitment that is demonstrated.

3.3 Developing leadership and commitment

The following are areas in which management can demonstrate commitment to HIV and AIDS:

- By appointing a Political Champion to drive the HIV and AIDS workplace programme;
- By allocating appropriate resources and profile to the workplace programme;
- By visibly participating in HIV and AIDS events;
- By promoting cross-sector HIV and AIDS partnerships;
- By acting as a catalyst to bring different organizations together to work on joint HIV and AIDS projects;
- By prioritizing the resourcing and delivery of HIV and AIDS programmes;
- By wearing red ribbons, as a symbol of awareness and solidarity;
- By facilitating the transfer of innovative solutions on HIV and AIDS problems to other departments and stakeholders;
- By demonstrating support for infected or affected employees and their families;
- By using public platforms to educate service users on HIV AND AIDS;
- By taking a principled stance on human rights and gender issues;
- By serving as a role model to employees and to peers in other departments and organizations; and
- By ensuring that the implementation of workplace HIV and AIDS plans and programmes falls within a human rights and gender sensitive framework.

3.4 Implementing leadership and commitment strategies

Leadership and management commitment to HIV and AIDS needs to have three components to it:

- An internal aspect – where leadership is demonstrated within the municipality, departments and divisions;
- An external aspect – where the municipality leads other stakeholders in responding to HIV and AIDS; and
- A personal aspect – where managers act as personal role models.

Initiating leadership

In order to galvanize managers to assume a leadership role, the HIV and AIDS Committee could arrange a presentation on the HIV and AIDS epidemic and its impact on the municipality. These figures and scenarios often serve to motivate and commit managers to HIV and AIDS. Information for such advocacy purposes needs to be collected on:

- The status of the epidemic internationally, in South Africa and in the area where the municipality is based;
- The impact the epidemic will have on the particular workplace, its employees and sector; and

- Strategies that can be used to respond to and manage HIV and AIDS in the workplace.

Formalising leadership roles

Leadership on HIV and AIDS issues needs to be displayed at all levels. It is important to detail what these leadership roles are and who will lead the HIV and AIDS policy and programme within the municipality.

3.5 Measuring and monitoring commitment

There are a number of different ways of measuring and monitoring management commitment to HIV and AIDS. Below are a checklist and a questionnaire, which could be used.

Checklist to measure management commitment to HIV and AIDS

- Leadership is being displayed at all levels of management;
- Managers are committed to HIV and AIDS issues and show this by integrating these issues into all aspects of their department's work;
- Objectives relating to HIV and AIDS prevention and impact management are included within departmental planning, work plans and budgets;
- Management participates in HIV and AIDS structures;
- Managers participate in the workplace programme;

WORKPLACE HIV AND AIDS POLICY

The workplace HIV and AIDS policy reflects the municipality's position on HIV and AIDS. It further demonstrates your organization's concern and commitment in taking active steps to manage the HIV and AIDS epidemic in the workplace. The workplace policy is not developed in isolation. The policy is developed as a response to the impact assessment results.

1. Key challenges

The municipality has been focusing all its energies on the development of an HIV and AIDS policy, but implementation of the policy did not occur, because:

- We developed long policies that are not easily understood or communicated to employees;
- Many policies do not provide for clear responsibilities for implementation; and
- The development of a policy has, at times, been seen to hold up the development of action programmes, which should, in fact, be seen as the priority.

Despite these constraints, HIV and AIDS policies do provide an important framework upon which to base workplace HIV and AIDS programmes.

3. Developing a workplace HIV and AIDS Policy

A workplace policy on HIV and AIDS is central to developing and implementing an effective workplace programme. It provides the framework for action. The policy prepares the organisation for the time when it will face the presence of HIV infection and AIDS, if this has not happened already. The policy must be developed through consultation with all levels of workers. An HIV and AIDS policy also demonstrates the municipality's concern and commitment in taking active steps to manage the HIV/AIDS epidemic. However, a commitment in the form of policy must be taken further into concrete action in the form of an HIV/AIDS and STD programme.

Developing a policy takes time if proper consultation takes place. This section provides a step-by-step account of how to go about the process.



3.1 Gathering information

An important first step is to identify all the necessary information and expertise to guide the process of policy development. This includes:

- Legal and policy guidelines, such as the Minimum Targets on HIV and AIDS and other Codes and policy guidelines on HIV and AIDS;
- Leading practices and examples of other policies developed, to use as a basis for the policy;
- Existing policies, such as employee benefit policies, as well as existing policy development processes within the department; and
- Technical expertise for legal advice, advice regarding HIV and AIDS workplace programmes, advice on employee benefits etc.

3.2 Consultation and reaching consensus on key issues

Consultation is important to identify and reach consensus on key concerns of various stakeholders, and thus to guide the policy development process. The Committee tasked to develop the policy should include representation from all sectors within the municipality as well as co-opting relevant technical expertise onto the Committee.

Important issues on which to consult and reach consensus include:

- What type of HIV and AIDS policy should be developed (for example, should it be a stand-alone policy, or should it be integrated within existing policies such as disability policies or health promotion policies)

- What are the goals of the HIV and AIDS policy, and what objectives would meet these goals?
- What are the principles guiding the HIV and AIDS policy?
- What are the key elements of the HIV and AIDS policy?
- What are the structures, co-ordination, roles and responsibilities needed to ensure the effective implementation of the HIV and AIDS policy?

3.3 The policy development process

Once these decisions have been made, the policy development process can begin, ideally utilizing the established policy development processes in the municipality.

The following generic policy development process can be used when developing a workplace HIV and AIDS workplace policy:

STEP ONE: Establish a Task Team to develop the policy. This could be the HIV and AIDS Committee, or a specific Policy Task Team, drawing on representation from important sectors.

STEP TWO: Gather all the necessary information.

STEP THREE: Reach consensus on:
 The type of policy (e.g. stand-alone VS integrated)
 Goals
 Guiding principles
 Elements of the policy.

STEP FOUR: Draft the policy.

STEP FIVE: Ensure broad consultation on the policy, and then revise based on the inputs received.

STEP SIX: Develop a strategy for implementing and popularizing the policy.

4. Implementing a workplace HIV and AIDS policy

- The HIV and AIDS Committee may accept responsibility for developing a strategy or work plan to implement, popularise and monitor the HIV and AIDS workplace policy. However, the actual implementation will require a coordinated effort from various stakeholders, and the HIV and AIDS Committee will need to analyse the elements of the policy to identify important role-players, and how the efforts of these role-players will be coordinated. This may require:
- Setting up structures to implement elements of the HIV and AIDS workplace policy;

- Identifying existing structures (such as Employee Assistance Programmes and OHS units) that are able to implement elements of the HIV and AIDS workplace policy;
- Ensuring that lines of communication and accountability between the various structures and the HIV and AIDS Coordinator are clearly understood;
- Determining any training and capacity building needs; and
- Ensuring that necessary budgets are available for the implementation of the HIV and AIDS policy.

5. Reviewing existing policies, procedures and programmes

Developing and implementing a workplace HIV and AIDS policy will require a review of existing municipality policies, procedures and programmes to ensure that these are in line with the municipality's HIV and AIDS policy and principles.

The policies, procedures and programmes that may need to be reviewed are listed in the following checklist:

Checklist of policies and procedures

Policies and procedures on non-discrimination
 Disability policies
 Recruitment policies and medical questionnaires
HR policies and procedures
 Occupational health and safety policies
 Employee benefit procedures
 Disciplinary codes and procedures
 Service delivery and contingency plan/s policy

Checklist of programmes

EAP programmes
 OHS programmes
 Health promotion programmes
 Education and training programmes

The questions posed below can assist a department in the process of reviewing HR policies, procedures and programmes:

Checklist for reviewing HR policies, procedures and programmes

- Do HR policies, including policies on employee benefits and their application, reflect the principles contained in the Minimum Targets on HIV and AIDS and other relevant guidelines – such as:
 - Do all employment policies and practices ensure that an employee living with HIV and AIDS will not be unfairly discriminated against?

- Do employment policies and practices prohibit unlawful HIV testing of an employee, unless Labour Court authorisation has approved such HIV testing?
- Do employee policies and practices protect the confidentiality of employees?
- Are HIV and AIDS integrated into all core HR management policies and programmes?
- Are municipality policies and procedures consistent with the Code of Good Practice on Disciplinary and Incapacity Matters as stipulated by the LRA, which treats HIV and AIDS like all other serious illnesses, and which ensures that criteria are not HIV specific?
- Are HR policies and procedures for defining work incapacity due to ill-health and ill-health retirement responsive to HIV and AIDS? Are systems in place to link and interpret HR functions such as monitoring absenteeism and sick leave, to facilitate the identification of employees in need?
- Do HR policies provide for alternate options (besides sick leave) for employees with reduced work capacity, such as in the case of employees living with HIV and AIDS?
- Are processes in place to ensure that employees living with HIV and AIDS who are on a medical scheme are aware of the treatment options available to them?
- Do performance management systems take HIV and AIDS into account?

7. Implementing employee benefits in the context of HIV and AIDS

HIV and AIDS has already affected benefit schemes in terms of the contributions required and benefits offered and will affect them even more in the future as the full impact of HIV and AIDS becomes apparent. This will be due to a number of factors:

- More employees will die in service and at a younger age. These employees will have younger dependants who will require support.
- More employees and their dependants will become ill, be ill more often and have higher associated health care costs.
- Employees will retire earlier on average, decreasing the period in which they are productive. Although the costs of retirement benefits to employers may be slightly lower because people retire earlier, there will be an overall increase in costs for employers due to the number of employees involved.

Workplaces will need to investigate the support, which is available to employees living with HIV under their present benefit structure.

8. Roles and responsibilities in respect of workplace policies with HIV and AIDS implications

Roles and responsibilities should be clearly defined to ensure that a workplace HIV and AIDS policy is widely distributed, understood by all, and is in fact implemented. For example:

- Management can ensure that the various stakeholders are committed to integrating HIV and AIDS policy principles into their everyday work, and can ensure that the

necessary resources (including financial, capacity building needs and human resources) are dedicated to the HIV and AIDS policy;

- The HIV and AIDS Committee, in addition to developing, implementing and monitoring the workplace HIV and AIDS policy, will have responsibility to monitor and guide any policy reviews and fulfill a similar function in respect of the implementation of benefits;
- HR personnel will have to be advised of policy elements relating to human resource policies and practices, will assist in the identification of any problematic policies or procedures and will ensure that benefits are equitably implemented;
- EAP personnel will have to take responsibility for educating employees on their benefits, and for integrating HIV and AIDS into existing EAP programmes;
- Employees and trade unions can assist by identifying the needs of employees living with HIV and AIDS; and
- Partners (in government, the private sector and from NGOs) can share resources and expertise in relation to various elements of an HIV and AIDS policy.

For there to be a coordinated workplace HIV and AIDS response, it will be important to link these diverse roles. And, to ensure that an HIV and AIDS policy is in fact implemented within the working environment, roles and responsibilities should not only be clearly defined, but lines of communication, reporting and accountability should be determined.

IMPACT ASSESSMENT

To understand the HIV and AIDS epidemic in any society and to track it over time, the impact on various population, demographic and employment parameters is measured periodically. The interpretation of data collected may aim to describe:

- The impact of HIV and AIDS on mortality, as HIV and AIDS kills mainly young adults in the economically active age group.
- The impact of HIV and AIDS on infant and child mortality, primarily as a result of transmission from infected mothers to their children.
- The impact of HIV and AIDS on fertility, with declines attributed to infected women dying before they reach the end of their childbearing age as well as to physiological factors associated with HIV disease.
- The impact of HIV and AIDS on life expectancy, which is affected by the deaths of children and young adults.
- The impact of HIV and AIDS on population size and growth, which is linked to changes in dependency ratios – the ratio of the non-working age population to the

working population. The skewed dependency ratios relate particularly to increasing numbers of elderly people who will require care and support.

- The impact on the number of orphans.

1. Compliance with the Minimum Standards on HIV and AIDS

The **Minimum Standards** require Municipal Managers to identify employees and units at high risk and to use this information to take reasonable steps to reduce this risk in order to sustain service delivery. This could be interpreted as a recommendation to conduct regular impact assessments to inform planning within municipalities.

2. Key challenges

- Conducting an impact assessment requires specific expertise, which may not be located within all municipalities;
- Utilizing the results of an impact assessment requires careful planning, and the process for validating and accepting the results should be formalized;
- Impact assessments must be discussed and jointly approved in consultation with employee representatives, particularly if they include surveillance.

3. Preparing to conduct a workplace impact assessment

In order to understand and plan for the impact of HIV and AIDS on a workplace, such as a municipality, it is necessary to know how many people are and will become infected; when they will fall ill; what care they will need; when they will die; and how many children they will leave behind. It is also important to know who they are in terms of income, education and skills, employment and location.

Checklist of employee data that can be collected and analyzed for an impact assessment:

- Number of employees, by grade, age, and gender;
- Salary and grading structures;

- Sick leave;
- Early retirements for health reasons;
- Deaths in service; and
- Staff turnover.

5. Roles and responsibilities

Whilst the HIV and AIDS Committee may serve as a reference group, impact assessments usually require expertise that may not be present within a municipality. Should a municipality decide to conduct an impact assessment, it is likely that this would be commissioned from an organization with appropriate experience. Decisions regarding what is done with the results, however, could well fall within the scope of the HIV and AIDS Committee, in line with a carefully considered strategy regard how to disseminate and utilize the results.

HIV AND AIDS IN THE WORKPLACE AND THE IDP

Integrated Development Planning is an important process within the local government context as it sets out an explicit map that guides each municipality towards achieving its goals and objectives by focusing on its *purpose, objectives, structure, expenditure programmes, available resources, deliverable outputs and output performance measures or service delivery indicators and targets*. Strategic planning (IDP) should not be confused with operational planning which is directed at specific short-term objectives and which contributes to the implementation of the IDP year by year.

1. Medium-term strategic planning (IDP)

1.1 Key challenges

Key challenges related to integrating HIV and AIDS planning into the strategic planning processes of municipalities are as follows:

- The lack of a budget for HIV and AIDS plans has frequently been identified as a barrier to implementation. This needs to be proactively addressed, but it should be borne in mind that:
- Many activities may be low-cost or no-cost;
- There are many potentially creative ways of accessing resources for workplace programmes, e.g. from partners, that do not require funding.

- Translating a plan from paper into practice represents a significant challenge, and one of the best ways of ensuring that this can happen is to be flexible, in terms of targets and time frames.
- Getting management approval of the plans will make all subsequent steps much easier, and this should therefore be a formal part of the planning process.

1.2 Compliance with the Minimum Standards on HIV and AIDS

The **Minimum Standards** contain an explicit requirement to undertake HIV and AIDS planning as a requirement of the IDP process, and obligate Municipal Managers to:

- Identify units or employees at high risk of contracting HIV and AIDS;
- Develop appropriate Key Performance Areas (KPA's) for Senior Management to ensure implementation of the HIV AND AIDS workplace policy and strategy.
- Integrate education and prevention programmes into training programmes, and evaluate such programmes; and
- Allocate adequate human resources and funding to the HIV and AIDS programme.

All these standards imply that a planning process must be carried out.

1.3 Preparing to plan municipal HIV and AIDS programmes

A municipality's HIV and AIDS response should be integrated into its IDP process at each step, as well as into each year's Departmental operational plans. This process addresses the allocation of resources in support of a municipality's social, economic and developmental goals and priorities, and, as such, has implications for organisational structure, financial and performance management systems and institutional management.

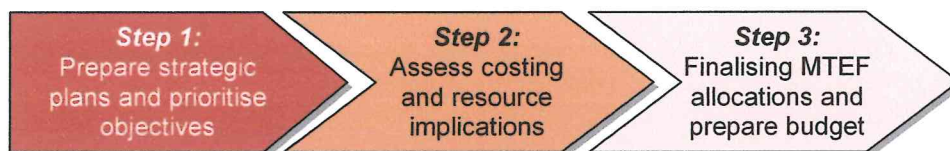
Pre-planning step

Before engaging in extensive strategic planning exercises, departments should undertake a careful examination of the municipality's overarching socio-economic policy priorities and medium-term spending plans. This helps to frame and contextualise the plans within the broader strategic policy prioritisation process. South

Africa's primary HIV and AIDS goals (in the **HIV and AIDS & STD Strategic Plan for South Africa 2000-2005**) are to:

- Reduce the number of new HIV infections (especially among youth)
- Reduce the impact of HIV and AIDS on individuals, families and communities.

1.4 Planning municipal HIV AND AIDS programmes



STEP 1: Preparing strategic plans and prioritising planned objectives

Key questions need to be answered as a first step to preparing a municipality's strategic plan, such as:

- What are the HIV and AIDS goals/objectives of the municipality?
- Is there a high degree of alignment between municipality HIV and AIDS priorities and departmental (inter-sectoral) goals/objectives?
- Are strategic HIV and AIDS objectives and planned outputs aligned with the core functions and mandates of the municipality?
- What is the current and future impact of HIV and AIDS on the municipality?
- How is the impact of HIV and AIDS going to affect the overall goals/objectives of the municipality?
- What programmes can be put in place to mitigate the impact of HIV and AIDS on the municipality?
- Are the planned HIV and AIDS outputs and deliverables relevant?
- Have commitments and targets been met?
- What resources (human and financial) are needed to operationalise the municipality's HIV and AIDS programme.

Once these questions have been successfully answered, the IDP can be formulated or revised.

STEP 2: Assessing costs and resource implications in preparing Medium-Term Expenditure Framework (MTEF) budget submissions

The second step calls for the municipality to assess the costs and resource implications of the revised strategic plan, into which HIV AND AIDS has been integrated, against the medium-term budget allocation. This step should include the costing of any new policies, such as a Municipality's workplace HIV AND AIDS policy.

STEP 3: Finalising MTEF allocations and preparing budget documentation

This includes negotiation of allocations, re-prioritisation and funding levels of programmes, and critical assessment of policy options against municipal strategic priorities and service delivery achievements. At this point it is important to ensure that HIV and AIDS policies and programmes remain prioritised within the municipality's plans.

Example of a Leading Practice on collecting information for a planning process

The planning processes described could be used by a municipality to gather information to inform the planning of their HIV and AIDS programme.

Situation analysis

Identify factors related to the municipality that contribute to risk and vulnerability to HIV AND AIDS, describing:

- Who is infected or vulnerable; and
- Why?

Then analyse what interventions will make a difference to this situation.

Response analysis

Describe the current response to HIV and AIDS by the municipality, for example:

- What services are available; and

- To whom?

Then analyse:

- What is working and needs to be continued or expanded;
- What is not working and needs a new approach, or to be dropped; and
- What has not been addressed at all.

1.5 Roles and responsibilities

The HIV AND AIDS Committee should undertake a two-phase consultation process in developing plans:

- An analysis of potential partners to participate in the planning process, by:
 - Identifying who is involved in policy, co-ordination, implementation and in providing technical input; and then
 - Identifying who else could be involved in each of these areas.
- A process of consultation, that is acceptable and appropriate for the municipality. This should ideally be similar to existing, institutionalised processes that reach all departments within the municipality.

There should be a team, which could be a working group of the HIV and AIDS Committee, tasked with the responsibility and the mandate to develop the HIV and AIDS plan. It should be an inter-disciplinary team with, as a minimum, representation from:

- Management;
- Councillors;
- The Human Resources section;
- The Special Programmes section;
- The Finance section;
- The Industrial Relations section;
- Legal Practitioners;
- Organised Labour;

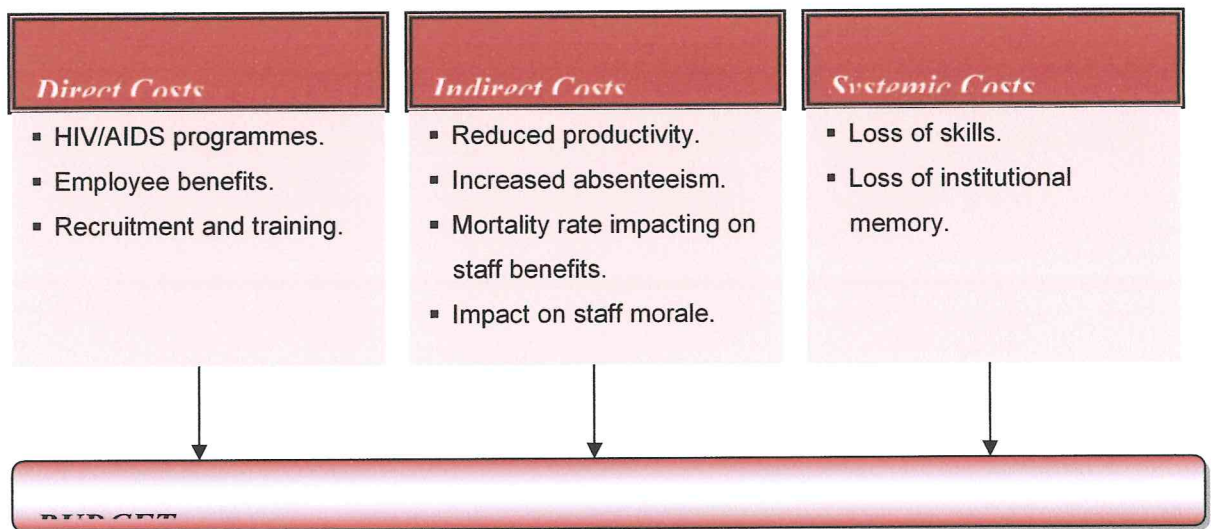
- PLWA's;
- Occupational Health and Safety Practitioners;
- The EAP section; and
- The training section.

Checklist of planning terms

- **Goals** are broad statements of intent. They should be phrased as statements in the present tense;
- **Objectives** are statements of WHAT NEEDS TO BE DONE TO ACHIEVE A GOAL
- **Strategies** are the means that you employ to reach the objective (advocacy, education, care etc)
- **Actions** are discrete, specific activities or sets of activities that answer the question HOW WILL YOU REACH THE OBJECTIVE.

2. Budgeting for HIV and AIDS programmes

The HIV AND AIDS epidemic will result in an increase in both direct and indirect costs to the workplace. One of the responsibilities of management is to ensure that these costs are properly forecasted, budgeted for and managed. The costs to an organisation of the epidemic are generally described as direct, indirect and systemic costs.



Direct costs related to HIV and AIDS include for example:

- The costs of running HIV and AIDS programmes, e.g. awareness activities;
- Increased costs of employee benefits; and
- The additional costs incurred through increased recruitment and training following the deaths in service of staff members.

Indirect costs related to HIV and AIDS include for example:

- Costs incurred from reduced productivity due to the increased time employees have to take off to attend funerals;
- Costs of increased absenteeism as employees take time off to care for sick children and partners;
- Costs of higher mortality as staff die in service thus drawing on the employee benefit funds at an early age; and
- Costs linked to a loss of workplace morale and cohesion as staff struggle to cope with the loss of co-workers and the increased work burden this places on them.

Systemic costs related to HIV AND AIDS include for example the loss of skills, employee experience and of institutional memory. Costs will vary from municipality to

municipality and will depend on factors, which can be identified during planning processes.

*This section must be read in conjunction with the section relating to **Impact Assessments**.*

2.1 Key challenges

There are a number of problems relating to the way in which managers currently approach the issue of budgeting for HIV and AIDS. Some of these are:

- Inadequate budgeting for the direct costs of HIV AND AIDS, including failing to:
 - Make any provision for HIV and AIDS programmes;
 - Create posts for occupational health and safety and wellness management coordinators;
 - Introduce a Peer Education Programme;
 - Budget for internal HIV and AIDS programmes (for staff), whilst budgeting for external HIV AND AIDS programmes for clients and beneficiaries; and
 - Sustain or increase funds given to HIV and AIDS activities.
- Not taking into account the impact of indirect costs of HIV and AIDS on the budget;
- Lacking the management capacity to budget for the direct and indirect costs of HIV and AIDS; and
- Seeing the costs of HIV and AIDS programmes as being the responsibility of other organs of state such as the National and Provincial Departments of Health.

Specific challenges to Local Government related to the costs of HIV and AIDS include:

- Overly generous sick leave granted in some municipalities;
- Costly and time consuming recruitment and appointment procedures in some municipalities; and
- The need for flexible ways to cover intermittent and extended periods of absenteeism in a variety of work settings.

2.2 Developing a workplace HIV and AIDS programme budget

In order to budget accurately for the direct and indirect costs of HIV and AIDS within the workplace, information needs to be collected for a cost analysis on:

- The nature of the direct and indirect costs for the particular workplace;
- The direct costs of for example;
- The proposed HIV and AIDS in the workplace programme, e.g. the cost of hiring outside theatre groups for awareness days;
- Recruiting and training new staff; and
- Employing temporary staff to replace key personnel whilst on sick leave.

The indirect costs of for example:

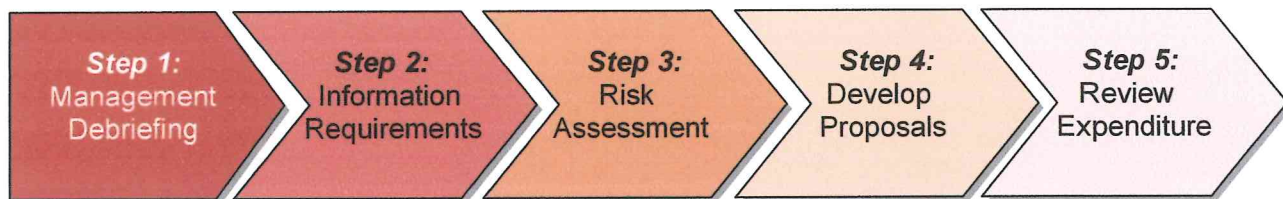
- A higher staff turnover; and
- Increased absenteeism.

The cost factors underlying each activity as this will help to ensure that a comprehensive budget is developed. For example the cost factors in running a TB programme would include the patient load, drug costs, costs of sputum testing and hospitalisation.

It is important not to forecast the costs of the programme in isolation, but to examine the context of each activity. For example, when costing a VCT programme, look at what percentage of staff used this service in previous years and how many more people are likely to use the service in the future, and if this will change in response to the introduction of a marketing strategy.

2.3 Guidelines for budgeting for HIV and AIDS

Budgeting appropriately for the direct and indirect costs of HIV and AIDS should flow from a comprehensive and informed impact assessment and planning process. All steps must be conducted in line with the guidelines set down by the MFMA for integrated strategic planning and budgeting. The following are guidelines for further enhancing the capacity of municipalities to budget for the direct, indirect and systemic costs of HIV and AIDS:



STEP ONE:

Arrange for the management team to be briefed on the costs relating to HIV and AIDS.

This could be through:

- A presentation;
- Circulating relevant materials; or
- Arranging training for key managers on HIV and AIDS planning.

Ensure that this initial step is taken well in advance of the municipality's annual planning cycle.

STEP TWO:

Develop a protocol outlining the information that will be needed to inform the municipal budgeting process and contract or delegate such research. For example tasking the HR section to analyse sick leave patterns.

STEP THREE:

Prepare guidelines for those involved in municipal planning, setting out key considerations, including the risks and benefits of funding or not funding certain activities.

STEP FOUR:

Develop proposals on how costs may be met, shared with other municipalities (be that Metros, Districts or Locals), recouped, absorbed or separately fundraised for.

STEP FIVE:

Review expenditure against set indicators in accordance with MFMA guidelines.

Checklist of strategies for establishing a municipality's HIV and AIDS budget

A common complaint is that municipalities have made very little or no provision for the costs relating to HIV and AIDS. Some strategies for dealing with this include:

- Arrange a high level presentation to management to raise their awareness on the costs of HIV and AIDS;
- Examine budgets creatively to see where funds can be drawn from other sources e.g. funds from the EAP or OHS budget that could be utilised;
- Liaise with other municipalities to establish how they have budgeted for the costs relating to HIV and AIDS;
- Develop partnerships with the private sector and donors to help cover the costs of the HIV and AIDS programme;
- Develop a draft budget and motivation and submit it to management during the planning process; and
- Undertake a comparative study of what other municipalities are spending on HIV and AIDS and use this as a tool to advocate to management.

The following are some suggestions of what needs to be budgeted for within each municipality's budget:

- An HIV AND AIDS Coordinator, which may be a dedicated HIV and AIDS position.
- Costs linked to creating or supporting this position such as administrative support etc;
- Increased recruitment costs eg additional job adverts, time allocated to screening applicants and costs of induction and training;
- Costs of more employees taking early ill-health retirement;
- The cost of temporary staff or relief workers to cover for employees who are absent;

- Allocation of additional funds for overtime, to cover existing staff who take on additional duties;
- Costs of adapting, accommodating and finding alternatives for disabled staff;
- HIV and AIDS education and awareness activities such as the purchase of red ribbons, development of HIV and AIDS media specific to the needs of the particular municipality and hiring of theatre groups for special event days;
- Condom procurement and promotion programme costs;
- Wellness programme costs;
- Cost of establishing an occupational health and safety clinic/s;
- Training of peer educators and counsellors; and
- Costs relating to the introduction of a VCT programme.

2.4 Partnerships

Individual municipalities will rarely be able to bear the costs of HIV and AIDS on their own, therefore a number of strategic partnerships will need to be formed, such as:

- Public-private partnerships that will benefit an HIV and AIDS response in one way or another e.g. sharing resources for an awareness programme;
- Bi-lateral partnerships with donor agencies and development agencies, these could particularly be around developing the capacity of the Local Government to manage the costs of HIV and AIDS; and
- Partnerships with employees and trade unions regarding the volunteering of time towards developing and sustaining the workplace programme.

3. Human resource planning and management

The implications of HIV and AIDS should be integrated into all the planning that is conducted by municipalities as well as into all management functions. This includes human resource planning and management.

3.1 Compliance with the Minimum Standards on HIV AND AIDS

The **Minimum Standards** include a requirement on the Municipal Manager to ensure that units or employees within his or her municipality at high risk of contracting HIV and AIDS are identified and to take reasonable steps to reduce this risk in order to sustain service delivery. This implies the necessity to ensure that the impact of HIV and AIDS is taken into account as part of the integrated HR planning that they are responsible for.

3.2 Key challenges

Human resource planning (and management) are core functions of all departments within the municipality. Key challenges that relate to HR planning in the context of HIV and AIDS are the following:

- Identifying critical work processes and situations that are vulnerable to absenteeism or to skills shortages – to inform HR planning.
- New HR approaches such as multi-skilling, re-organisation of work processes, career pathing and succession planning, even “over-staffing” or the use of reserve pools of staff.
- Dialogue with unions, professional organisations and regulatory bodies to explore ways to increase flexibility and respond to absenteeism and skills shortages.
- Critically analysing any situations that may place public servants at risk of HIV and AIDS, such as sending staff to remote locations for extended periods. Once identified, long-term strategies to reduce situations of risk must be considered.
- And finally, planning will have to recognise and address issues related to increased workloads of municipal officials (due to the morbidity and mortality of colleagues).

3.3 Developing HIV and AIDS and human resource plans

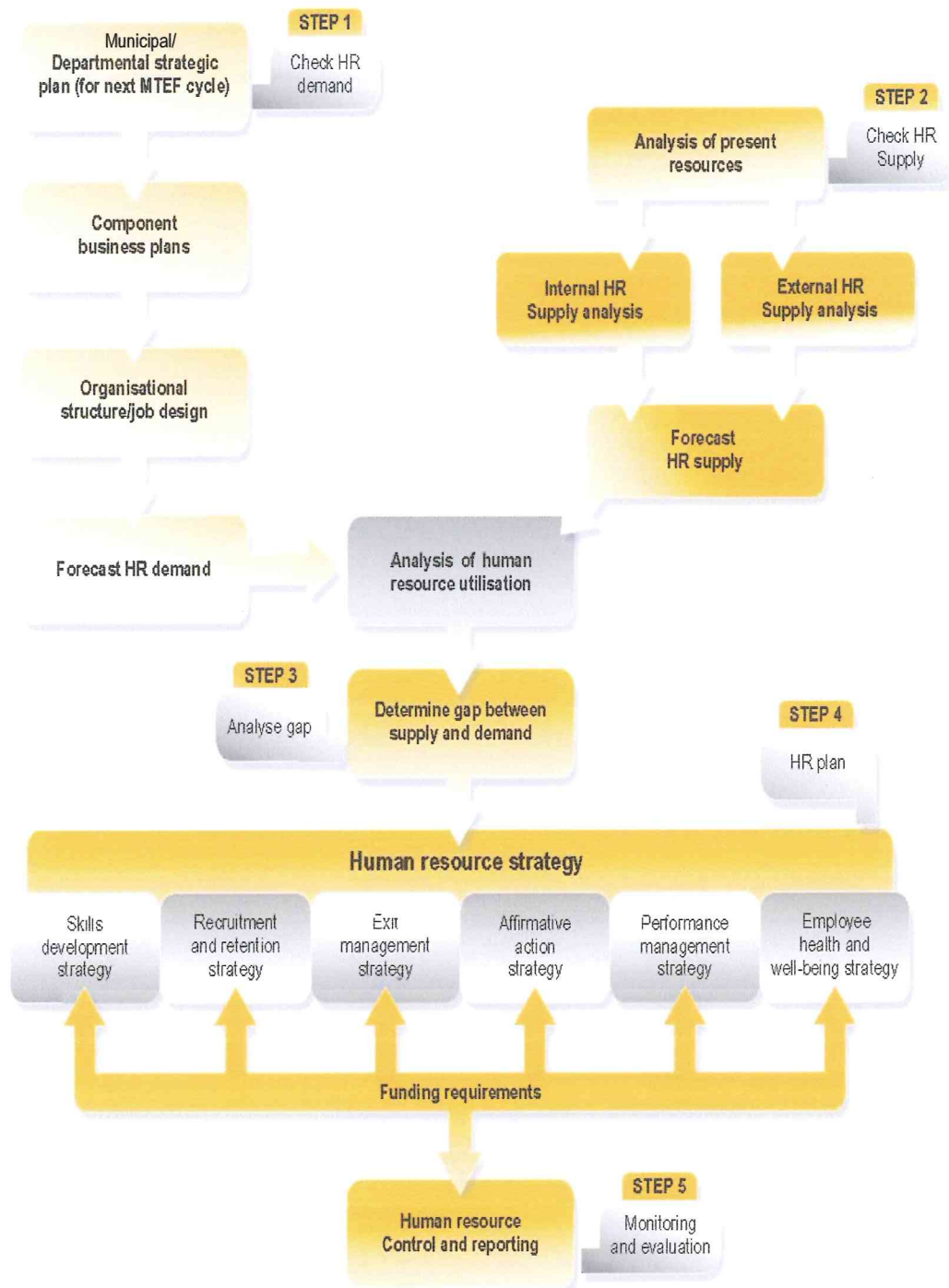
Considering a model of how HIV and AIDS can affect human resources is useful in identifying the critical points where HR planning is required.

Adapted from *The Response of African Businesses to HIV/AIDS*



3.4 Implementing workplace skills plans

Workplace skills plans should take into account the impact of HIV and AIDS. The steps in the HR planning process are depicted in the following diagram. The potential or actual impact of HIV and AIDS should be considered at each step.



3.5 Roles and responsibilities

Responsibility for HR planning, must clearly be led by the HR unit of any municipality. However, because of the multifaceted nature of the impact of HIV and AIDS on municipalities, employing a more consultative process will produce a more comprehensive and appropriate HR plan.

WORKPLACE HIV AND AIDS PROGRAMMES

This Section deals with workplace HIV and AIDS and STI **prevention** programmes and **treatment, care and support** programmes.

Prevention

<i>Summary of Prevention</i>	
▪ Awareness. ▪ Education and training (including a peer education programme). ▪ Creating a non-discriminatory environment. ▪ STI prevention and treatment. ▪ Infection control. ▪ Voluntary counseling and testing. ▪ Condom promotion and distribution.	▪ Preventing new HIV infections; ▪ Changing high risk behaviour; and ▪ Providing services to support the above.

Treatment, Care and Support

<i>Summary of Treatment, Care</i>	
▪ Wellness programmes (treatment and care); ▪ Social support structures (support); ▪ Assistance for employees to plan for the future (support).	▪ Reducing HIV-related mortality and morbidity; ▪ Improving the quality of life for employees living with HIV and AIDS; ▪ Improving the survival of employees living with HIV and AIDS; ▪ Helping employees affected by the epidemic to cope with the additional emotional, financial and other demands placed on them by the epidemic; and ▪ Helping employees to plan for their and their municipality's futures.

1. Key issues

It is important to remember that the fight against HIV and AIDS is best fought in a collaborative manner. The collaborating partners must include political leadership, senior management, employees and organized labour. The fight will only be effective if all these stakeholders combine their efforts and resources. It is important for the municipality to

start discussions and consultation on what are possible factors in the workplace that increase the risk of HIV transmission and how to reduce them.

The key issues for the various stakeholders are as follows:

Concerns of employees:

- Avoid infection with HIV;
- Ensuring that the people living with HIV are treated fairly by all;
- Ensuring that confidentiality is maintained;
- Having a safe working environment;
- Protection from discrimination;
- Protection of employee benefits;
- Protection of promotion and training opportunities

Concerns of employers

- Recruitment of employees who are capable of performing the tasks they are required to perform.
- Provision of equitable and sustainable employee benefits (including health care cover.)
- Performance management in relation to, amongst others, productivity losses and absenteeism.
- Retaining experienced and trained staff.
- Fair and sustainable approach to training, promotion and benefits.
- The risk of becoming HIV-positive at work.
- The issue of employing people with HIV in high-risk or unhealthy environments.

Responsibilities of political leadership

- Be the champion for dealing with HIV and AIDS in the municipal workplace.
- Provide leadership and direction.
- Visible support and commitment.

Responsibilities of managers

- Ensure that the process of consultation takes place.
- Help develop an HIV and AIDS policy and programme.
- Show your commitment to the HIV and AIDS programme.
- Allow time for employees to take part in the HIV and AIDS programme.
- Formalise the job description of anyone who is involved in implementing the programme (e.g. Peer Educators) to facilitate their work and increase their credibility.
- Feed comments down from management.
- Ensure that resources are made available to the programme.
- Participate in collaborative partnerships.

Responsibilities of employees

- Take responsibility for your own health.
- Participate in the programme.
- Own the programme.
- Respect the privacy and confidentiality of those living with HIV.
- Respect the rights of those who are not HIV-positive.
- Take the lessons you learn at the workplace to your home community.
- Participate in collaborative partnerships

Responsibilities of supervisors

- Show commitment to the HIV and AIDS programme.
- Allow time for employees to take part in the HIV and AIDS programme, including attending VCT clinics, other health services and education and awareness programmes.
- Provide a link between management and the shop floor.
- Participate in collaborative partnerships.

Responsibilities of shop stewards & trade unions

- Ensure that your union develops an HIV and AIDS policy, or that at least there is a clear position put forward in discussion with management and supervisors.
- Ensure the process of consultation throughout the workplace takes place.
- Show commitment to the programme from the unions.
- Encourage employees to be involved in the programme.
- Feed comments up from the shop floor.
- Participate in collaborative partnerships.